



# YMCA CHALLENGER BASKETBALL

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

**REGISTRATION** now through October 18, 2017

**GAMES** 8 weeks on Wednesdays 5:30-6:30pm  
(30 mins practice drills, 30 mins game/scrimmage)

**TEAMS** Minimum of four each team (need eight for a game)  
Coach Ted and Coach Liz will operate with intern help

**COST** \$30 per child | add \$10 for two children family

**LOCATION** Phil Cline Gym to be reserved each week

**To register, or for more information, contact:**

DuRon Jackson 304.697.7113

djackson@huntingtonymca.org and lauvil@huntingtonymca.org



**Ages 10-18**

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION		PLEASE PRINT CLEARLY	
MEMBER NO. _____	DATE OF BIRTH _____	GRADE _____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME _____	FIRST NAME _____	M.I. _____	
PARENT / GUARDIAN NAME(S) _____			
STREET ADDRESS _____		APT. NO. _____	
CITY _____	STATE _____	ZIP _____	
HOME PHONE: (____) _____	CELL: (____) _____	EMAIL: _____	
MEDICAL / EMERGENCY INFORMATION			
IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____			
_____			
PERSON TO NOTIFY IN CASE OF AN EMERGENCY			
NAME _____	RELATIONSHIP TO CHILD _____	PHONE: (____) _____	
NAME _____	RELATIONSHIP TO CHILD _____	PHONE: (____) _____	

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian Signature Date Parent / Guardian Signature Date

**DROP OFF** at any Y location or **MAIL APPLICATION TO:** YMCA | 917 9th Street | Huntington, WV 25701